READING BOROUGH COUNCIL

REPORT BY DIRECTOR ADULT CARE AND HEALTH SERVICES

TO:	**HEALTH AND WELLBEING BOARD**		
DATE:	**14 JULY 2017**	**AGENDA ITEM:**	**14**
TITLE:	**DEVELOPMENT OF THE HEALTH AND WELLBEING DASHBOARD**		
LEAD COUNCILLOR:	**COUNCILLOR HOSKIN**	**PORTFOLIO:**	**Health**
SERVICE:	**WELLBEING**	**WARDS:**	**All**
LEAD OFFICER:	**JO HAWTHORNE**	**TEL:**	**0118 937 3623**
JOB TITLE:	**HEAD OF WELLBEING, COMMISSIONING AND IMPROVEMENT**	**E-MAIL:**	**jo.hawthorne@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report has been developed to update the Board on the development of the Health and Wellbeing Dashboard, which will be used to keep Board members informed on local trends in priority areas identified in the Health and Wellbeing Strategy. Board members are asked to consider recommendations for frequency of the report and for setting targets for each indicator.

1.2 Development of a Health and Wellbeing Dashboard was agreed in principle in July 2016 and the final version of the Health and Wellbeing Strategy was approved by the Health and Wellbeing Board on 27th January 2017.

2. RECOMMENDED ACTIONS

2.1 Board to be informed of latest progress in development of a Health and Wellbeing Dashboard.

2.2 Task Priority/Action Plan Leads to agree appropriate targets for indicators with key stakeholders.

2.3 Agree to Wellbeing Dashboard being presented annually, with more regular updates on specific indicators by exception or on request.

3. POLICY CONTEXT

3.1 The final version of Reading's Health and Wellbeing Strategy was approved by the Health and Wellbeing Board on 27th January 2017 and an action plan based on the eight strategic priorities has been developed and sets out in detail how the priorities will be met.

3.2 In July 2016, Reading's Health and Wellbeing Board agreed to introduce a regular Health and Wellbeing Dashboard report to ensure that members of the board are kept informed about the Partnership's performance in its priority areas, compared to the national average and other similar local authority areas.

4. THE PROPOSAL

4.1 Current Position: A draft version of the Health and Wellbeing Dashboard has been partially developed. Decisions about targets and frequency of reporting are now required.

Indicators reflecting each priority area have been identified and included in the draft dashboard. These are mainly indicators published through publicly available performance frameworks – the Public Health Outcomes Framework (PHOF), the Adult Social Care Outcome Framework (ASCOF) and the NHS Outcomes Framework. These indicators are brought together from different policy and service areas and based on a range of data sources that are collected, collated and published according to varying timetables.

As agreed, the Dashboard will have three levels – a high level showing performance of all indicators against targets (met or not met and direction of travel), a second level showing more detailed information and benchmarking for the indicators in each priority area, and a third level showing more detailed trend data and source information for each indicator. (See Appendix 1 for an example).

While each performance framework benchmarks each indicator against national performance and performance of similar Local Authority or CCG areas, and while a small number may be subject to a nationally set target, there are currently no locally agreed targets for the indicators that will be included in the Dashboard.

In addition, while the Health and Wellbeing Dashboard is in development, two reports on Reading's performance against key indicators and Health and Wellbeing Strategy priorities are included as Appendices 2 (Performance Update) and 3 (Reading's PHE Health Profile, 2017).

4.2 Options Proposed:

Tasking Priority/Action Plan Leads to agree targets for each indicator in their priority area

Pros Allows Leads to use their expert local knowledge to set an appropriate target that will fit with their expectations for the outcomes from the activity that they have planned. Jointly agreeing these targets with stakeholders may help to promote ownership and accountability across the partnership.

Cons This may be a more lengthy process than simply using national average or developing a target based on previous performance.

Annual Dashboard Report to be presented at the end of each year with quarterly performance updates of specific indicators by exception or on request.

Pros The proposed option is expected to be sufficient to allow Board members strategic oversight on Reading's position. Most indicators are updated annually and would not therefore be expected to change each quarter. (In some cases the information published on the published outcome framework is updated on an annual basis but more frequent updates may be available locally or published elsewhere).

Cons For some indicators (for example, new policy areas, or where there are new contracts in place) it may be useful for the Board to be updated on performance more frequently. It is recommended that the Board requests these updates as required.

4.3 Other Options Considered:

Using national average or an average of similar areas to set targets

Pros Much quicker and easier to implement. Target will be a reasonable expectation based on performance of other Local Authority areas and will change to reflect general improvements seen across the country.

Cons May mean that local circumstances, including any limitations to planned activities, are not fully taken into account. The national or similar area averages will change with each update, which means that there will be no single, clear target for each indicator.

Basing targets solely on a standard improvement on previous performance (for example, a 10% improvement)

Pros Quicker and easier to implement. Single, clear target for each indicator allowing board members to see where improvements have been made.

Cons will not reflect local circumstances or take into account how reasonable expectations for improvement might differ for each indicator, or Reading's current position against national and similar area averages.

Quarterly Wellbeing Dashboard to be presented at each Health and Wellbeing Board meeting

Pros For some indicators more frequent updates allow the board to monitor Reading's position closely and react more quickly to a downturn in performance. This may be useful for new policy areas, where there are new contracts in place or where there are very serious concerns about a particular issue in Reading.

Cons Quarterly updates are only available for a small number of indicators so only a proportion of the report would change each quarter. There is a risk of increasing the administrative burden for the Board and for Priority/Action Plan Leads if there is a need to update on performance using local data.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 This proposal supports Corporate Plan priorities by ensuring that Health and Wellbeing Board members are kept informed of performance and progress against key indicators, including those that support corporate strategies.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 A wide range of voluntary and public sector partners and members of the public were encouraged to participate in the development of the Health and Wellbeing Strategy and, as described above, a draft of the proposed Strategy was made available for consultation between 10th October and 11th December 2016. The indicators included in this report reflect those areas highlighted during the development of the strategy and included in the final version.

7. EQUALITY IMPACT ASSESSMENT

7.1 An Equality Impact Assessment is not required.

8. LEGAL IMPLICATIONS

8.1 There are no legal implications.

9. FINANCIAL IMPLICATIONS

9.1 The proposal to note the report in Appendix 2 offers value for money by ensuring that Board members are better able to determine how effort and resources are most likely to be invested beneficially in advance of the full Health and Wellbeing Dashboard.

10. BACKGROUND PAPERS

10.1 Minutes of the Health and Wellbeing Board 27th January 2017 - http://www.reading.gov.uk/article/9641/Health-and-Wellbeing-Board-27-JAN-2017

10.2 Reading Borough Council (2017) *Reading's Health and Wellbeing Strategy*

10.3 Minutes of the Health and Wellbeing Board 15th July 2016 - http://www.reading.gov.uk/article/9585/Health-and-Wellbeing-Board-15-JUL-2016

10.4 Health and Wellbeing Board Performance Update – February 2017

APPENDICES 1-3 – Separate documents

Priority	Indicator	Target Met/Not Met	Direction of Travel
1. Supporting people to make healthy lifestyle choices	2.12 Excess weight in adults		▲
	2.13i % of adults physically active		
	2.13ii % of adults physically inactive		
	2.11i % adults meeting 5-a-day		
	2.06i % 4-5 year olds classified as overweight/obese		
	2.06ii % 10-11 year olds classified as overweight/obese		
	2.11iv % 15 year olds meeting 5-a-day		
	2.11v 15 year olds average daily portions fruit		
	2.11vi 15 year olds average daily portions vegetables		
	1.16 % people using outdoor space for health		
	2.03 Smoking status at the time of delivery		
	2.09i Smoking prevalence at age 15 - current smoker		
	2.09ii Smoking prevalence at age 15 - regular smoker		
	2.09iii Smoking prevalence at age 15 - occassional smoker		
	2.09iv Smoking prevalence at age 15 - regular smoker		
	2.09v Smoking prevalence at age 15 - occasional smoker		
	2.14 Smoking prevalance - routine and manual - current smokers		
	NHS OF 2.4 Health related quality of life for carers		
	4.02 % of 5 year olds free from dental decay		
2. Reducing loneliness and social isolation	1.18i/1l % of adult social care users with as much social contact as they would like		
	1.18ii/1l % of adult carers with as much social contact as they would like		
	2.23i-iv Self reported wellbeing		
3.Reducing the amount of alcohol people drink to safer levels	2.15iii Successful treatment of alcohol treatment		
	2.18 Admission episodes for alcohol related conditions (DSR per 100,000)		
4.Promoting positive mental health and wellbeing in children and young people			
5.Living well with dementia	4.16/2.6i Estimated diagnosis rate for people with dementia		
	4.13 Health related quality of life for older people		
	2F PLACEHOLDER - post diagnosis care		
	1B People who use services who have control of daily life		
	NHS OF 2.1 Proportion of people who feel supported to manage their condition		
6.Increasing take up of breast and bowel screening and prevention services	2.19 Cancer diagnosed at early stage		
	2.20iii Cancer screening coverage - bowel cancer		
	2.20i Cancer screening coverage - breast cancer		
	4.05i Under 75 mortality rate from cancer		
	4.05ii Under 75 mortality rate from cancer considered preventable		
7.Reducing the number of people with tuberculosis	3.05ii Incidence of TB (three year average)		
8. Reducing deaths by suicide	4.10 Age-standardised mortality rate from suicide and injury of undetermined intent		

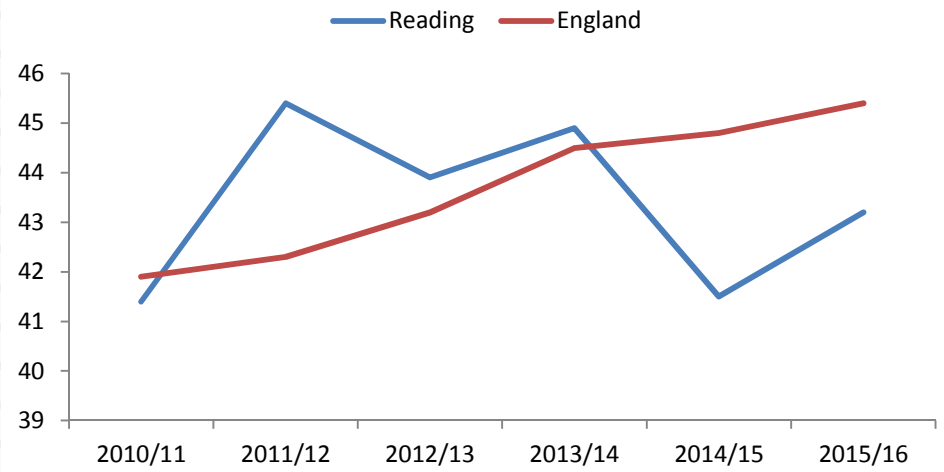
PRIORITY 2: Supporting people to make healthy lifestyle choices

Indicator Title	Framework	Source and frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
1.18i/1l % of adult social care users with as much social contact as they would like	Public Health Outcomes Framework/Adult Social Care Outcomes Framework		High	2015/16	43.2			-	45.4	NA
1.18ii/1l % of adult carers with as much social contact as they would like	Public Health Outcomes Framework/Adult Social Care Outcomes Framework		High	2015/16	36.3				38.5	NA
2.23i-iv Self reported wellbeing	Public Health Outcomes Framework	Annual Population Survey								
Low Satisfaction Score	Public Health Outcomes Framework	Annual Population Survey	Low	2015/16	3.8				4.6	NA
Low Worthwhile Score	Public Health Outcomes Framework	Annual Population Survey	Low	2015/16	NA				3.6	NA
Low Happiness Score	Public Health Outcomes Framework	Annual Population Survey	Low	2015/16	8				8.8	NA
High Anxiety Score	Public Health Outcomes Framework	Annual Population Survey	Low	2015/16	17.2				19.4	NA

Back to HWB Dashboard

Indicator number	**1.18i/1I**
Outcomes Framework	**Public Health Outcomes Framework/Adult Social Care Outcome Framework**
Indicator full name	**% of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey**
[Back to Priority 2](#)	
[Back to HWB Dashboard](#)	
Data source	Adult Social Care Survey - England
	http://content.digital.nhs.uk/catalogue/PUB21630 - Annex Tables
Denominator	The number of people responding to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?"
Numerator	All survey respondents who responded to the question (adult social care users identified by LA) NHS Digital - Personal Social Services Adult Social Care Survey England

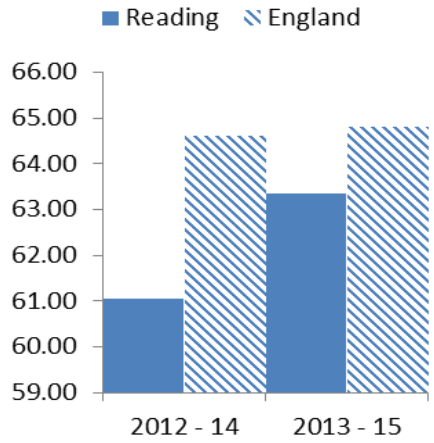
Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2010/11	41.4	36.7	46.1	-	41.9
2011/12	45.4	40.9	49.9	-	42.3
2012/13	43.9	39.6	48.2	-	43.2
2013/14	44.9	40.7	49.1	-	44.5
2014/15	41.5	36.4	46.6	-	44.8
2015/16	43.2	36.8	49.9	-	45.4



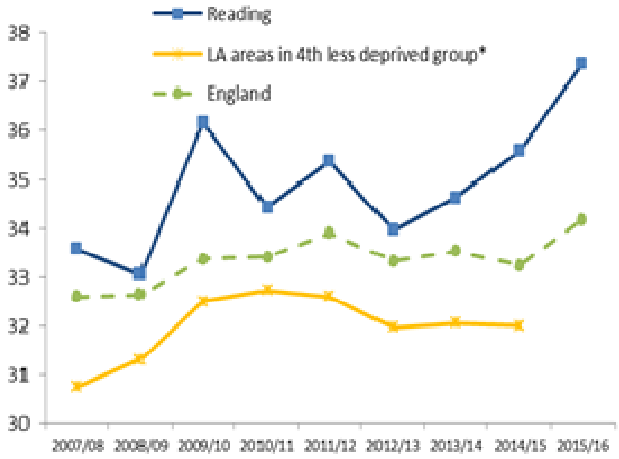
APPENDIX 2 – Performance Update (June 2017)

1. HEALTHY LIFESTYLE CHOICES

Excess weight in adults – Statistically similar to England average, but previously better than average **(No update since Feb 2017. data collected annually).**

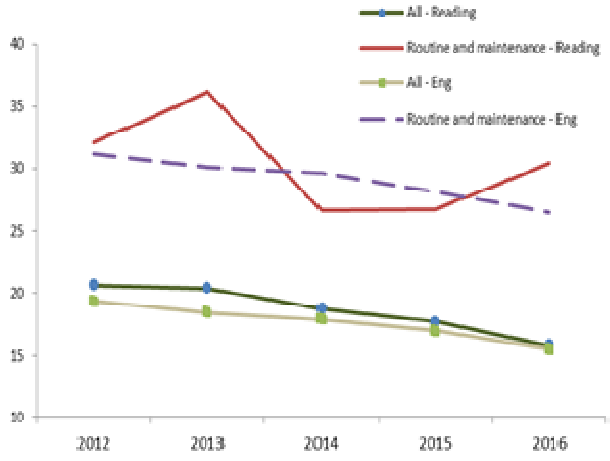


Prevalence of overweight and obesity in 10-11 year olds – in 2015/16 Reading was statistically worse than England average and other areas with similar IMD score **(No update since Feb 2017, data collected annually).**

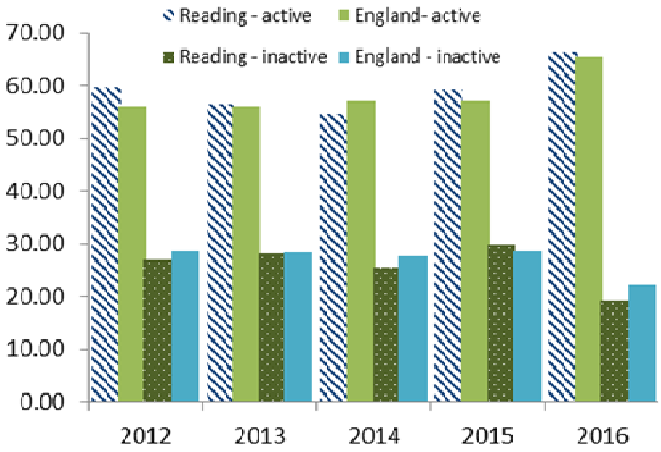


PUBLIC HEALTH OUTCOMES FRAMEWORK / ACTIVE PEOPLE SURVEY / NATIONAL CHILD MEASUREMENT PROGRAMME

Smoking Prevalence – In 2016 there has been an increase in smoking prevalence amongst those in routine and manual occupations not seen elsewhere in England or in the rest of the population.



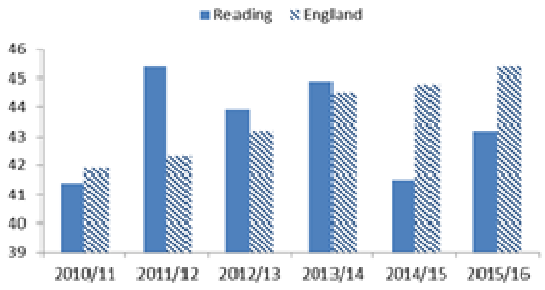
% Adults active and inactive – Preliminary results for 2016 indicate improvements for Reading compared to England averages. These are <u>not</u> yet published by PHE but have been taken from the Active Lives survey results



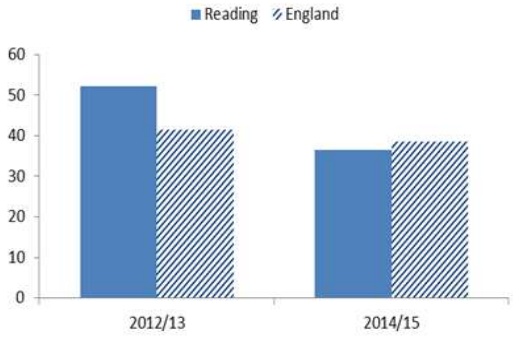
PUBLIC HEALTH OUTCOMES FRAMEWORK / ANNUAL POPULATION SURVEY / ACTIVE PEOPLE SURVEY

2. Loneliness and Social Isolation

% of Adult Social Care Service Users with as much social contact as they would like – remains similar to national average. **(No update since February 2017, annual data return (SALT))**



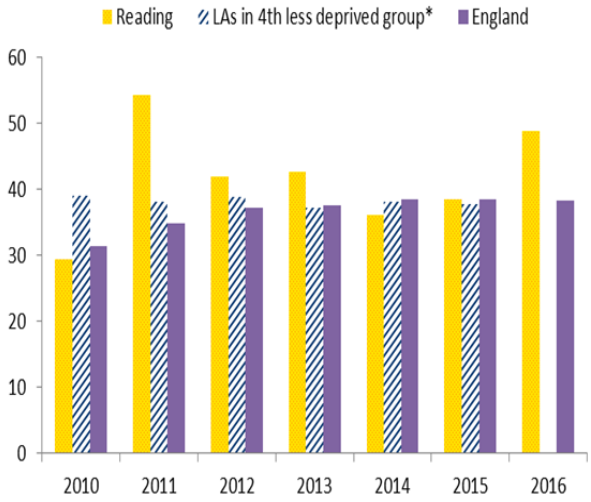
% of Carers with as much social contact as they would like - % has fallen significantly. Now similar to national average – previously better. **(No update since February 2017, bi-annual data return (SALT))**



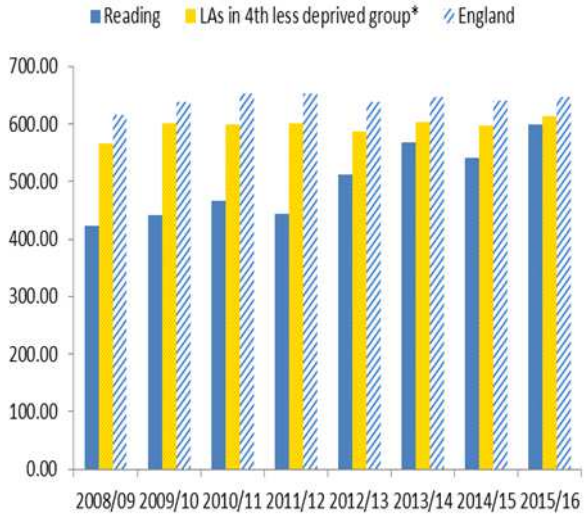
PUBLIC HEALTH OUTCOMES FRAMEWORK / ADULT SOCIAL CARE SURVEY

3. SAFE USE OF ALCOHOL

% of those in specialist alcohol treatment who successfully complete – NDTMS data suggests Reading above average in 2016 (this is not yet published by PHE).



Rate of hospital admissions for alcohol-related conditions – remains narrowly better than national average and average of areas with similar IMD scores, but admission rates increasing.

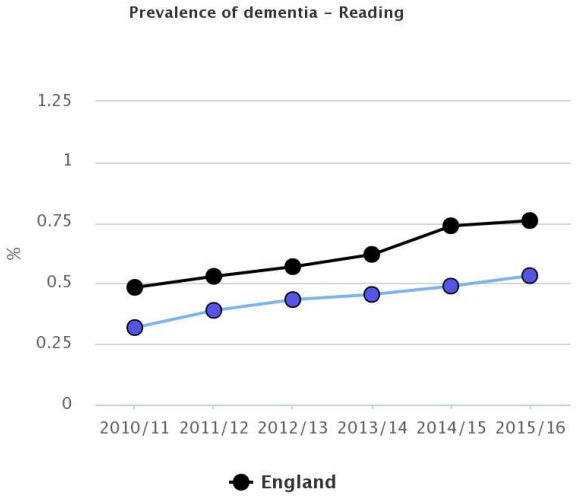


PUBLIC HEALTH OUTCOMES FRAMEWORK / NATIONAL DRUG TREATMENT MONITORING SYSTEM / HOSPITAL EPISODE STATISTICS

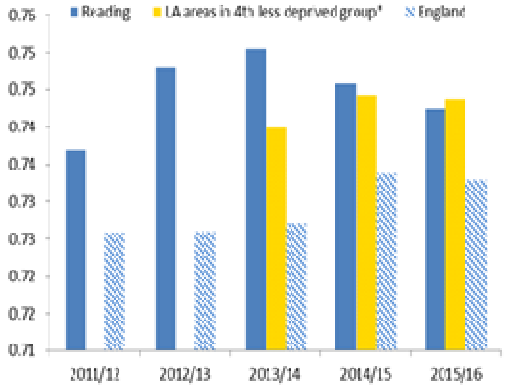
4. MENTAL HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE

Average difficulties score for all looked after children aged 5-16 years - % continues to be higher than national average (no update since February 2017)

5. LIVING WELL WITH DEMENTIA



Health score status (quality of life) for older people (65+) – continues to be similar to national average and average for areas with similar IMD scores (no update since Feb 2017)

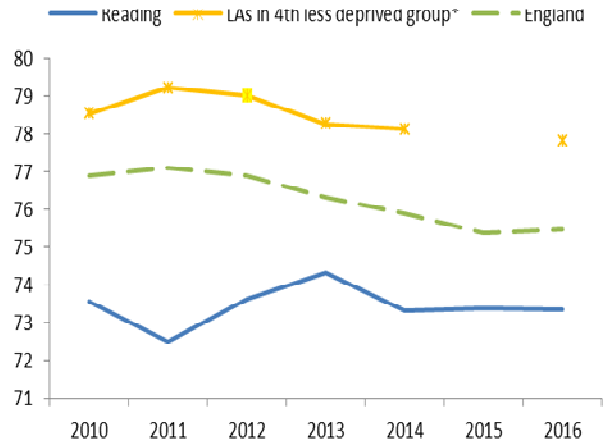


Prevalence of dementia is significantly lower in Reading than in England or in areas with similar IMD scores (**no update since February 2017**).

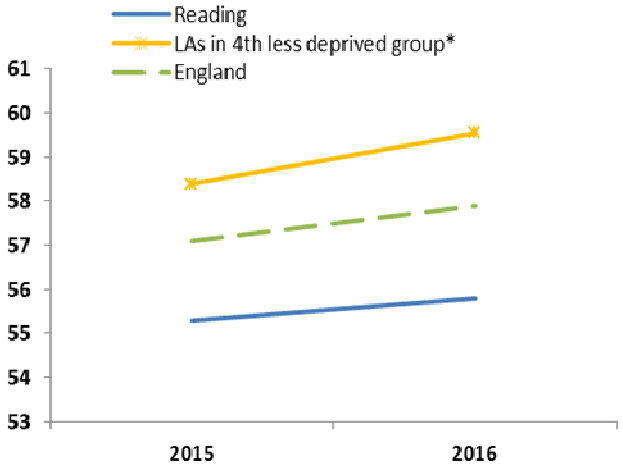
PHE DEMENTIA PROFILE / QUALITY OUTCOMES FRAMEWORK / PUBLIC HEALTH OUTCOMES FRAMEWORK / GP PATIENT SURVEY

6. BREAST AND BOWEL CANCER SCREENING

Breast cancer screening coverage - continues to be significantly worse than England average and average for areas with similar IMD scores (no PHE update since Feb 2017)

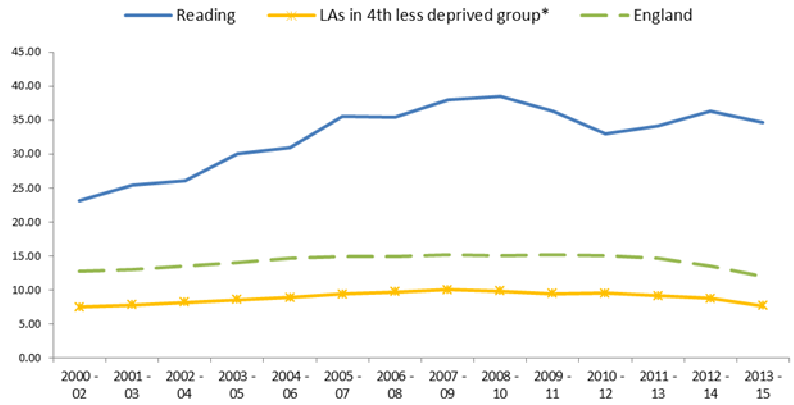


Bowel cancer screening coverage - continues to be significantly worse than England average and average for areas with similar IMD scores (no update since Feb 2017*)



PUBLIC HEALTH OUTCOMES FRAMEWORK / HEALTH AND SOCIAL CARE INFORMATION CENTRE

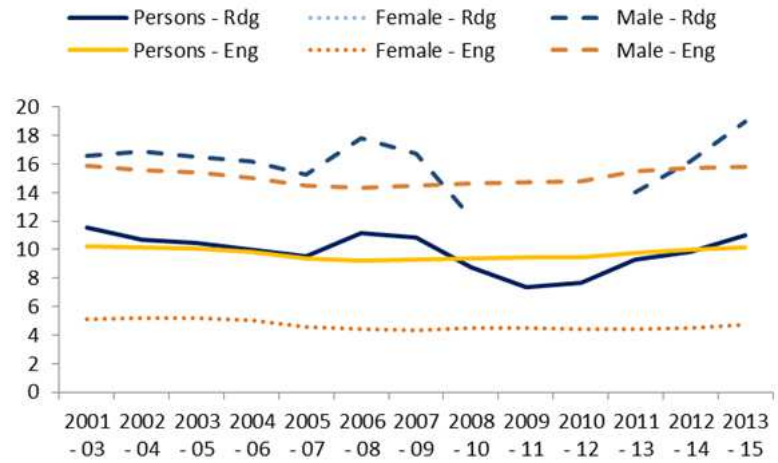
7. INCIDENCE OF TUBERCULOSIS



PUBLIC HEALTH OUTCOMES FRAMEWORK / ENHANCED TB SURVEILLANCE SYSTEM (ETS) AND ONS

Rate of new TB cases per 100,000 people is significantly worse than the England average and average of areas with similar IMD scores. Incidence has increased significantly in the last 15 years. (**No update since February 2017**)

8. SUICIDE RATE



PUBLIC HEALTH OUTCOMES FRAMEWORK / ONS

Suicide rates for all persons and for men are similar to England average. The number of suicides by women is too small to allow rate to be calculated. (**No update since February 2017**).

Public Health England

Protecting and improving the nation's health

Reading

Unitary authority

This profile was published on 4th July 2017

Health Profile 2017

Health in summary
The health of people in Reading is varied compared with the England average. About 19% (5,800) of children live in low income families. Life expectancy for men is lower than the England average.

Health inequalities
Life expectancy is 7.8 years lower for men and 6.5 years lower for women in the most deprived areas of Reading than in the least deprived areas.

Child health
In Year 6, 22.0% (360) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 is 20*, better than the average for England. This represents 7 stays per year. Levels of GCSE attainment are worse than the England average. Levels of breastfeeding initiation and smoking at time of delivery are better than the England average.

Adult health
The rate of alcohol-related harm hospital stays is 599*, better than the average for England. This represents 831 stays per year. The rate of self-harm hospital stays is 223*, worse than the average for England. This represents 382 stays per year. The rate of smoking related deaths is 281*. This represents 175 deaths per year. Rates of sexually transmitted infections and TB are worse than average. Rates of hip fractures and people killed and seriously injured on roads are better than average. The rate of violent crime is worse than average. The rate of long term unemployment is better than average.

Local priorities
Priorities in Reading include preventing and reducing early deaths from cardiovascular disease & cancer, promoting positive mental health & wellbeing, reducing levels of infectious disease e.g. TB, and reducing alcohol consumption to safe levels. For more information see www.reading.gov.uk/jsna

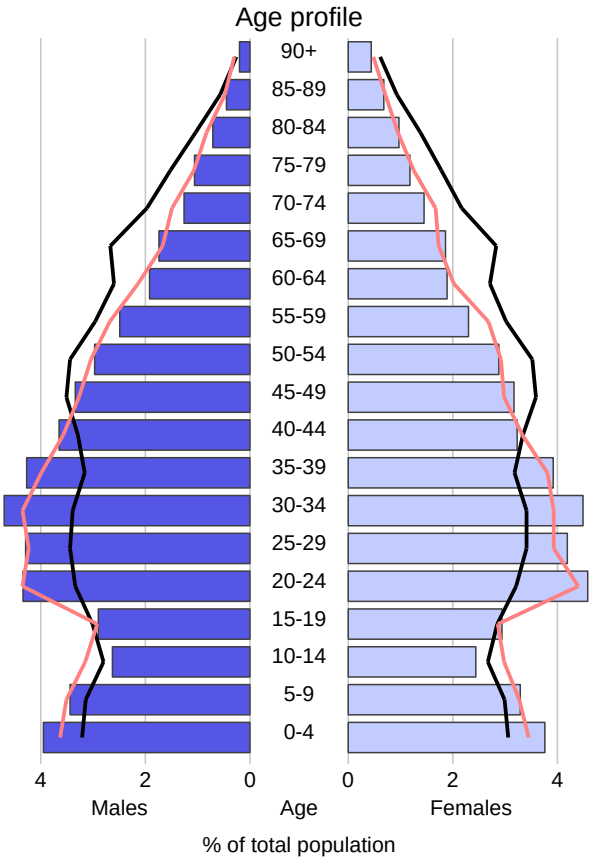
* rate per 100,000 population

This profile gives a picture of people's health in Reading. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

Follow @PHE_uk on Twitter

Population: summary characteristics



	Males	Females	Persons
Reading (population in thousands)			
Population (2015):	81	80	162
Projected population (2020):	85	83	168
% people from an ethnic minority group:	22.1%	23.2%	22.6%
Dependency ratio (dependants / working population) x 100			49.8%
England (population in thousands)			
Population (2015):	27,029	27,757	54,786
Projected population (2020):	28,157	28,706	56,862
% people from an ethnic minority group:	13.1%	13.4%	13.2%
Dependency ratio (dependants / working population) x 100			60.7%

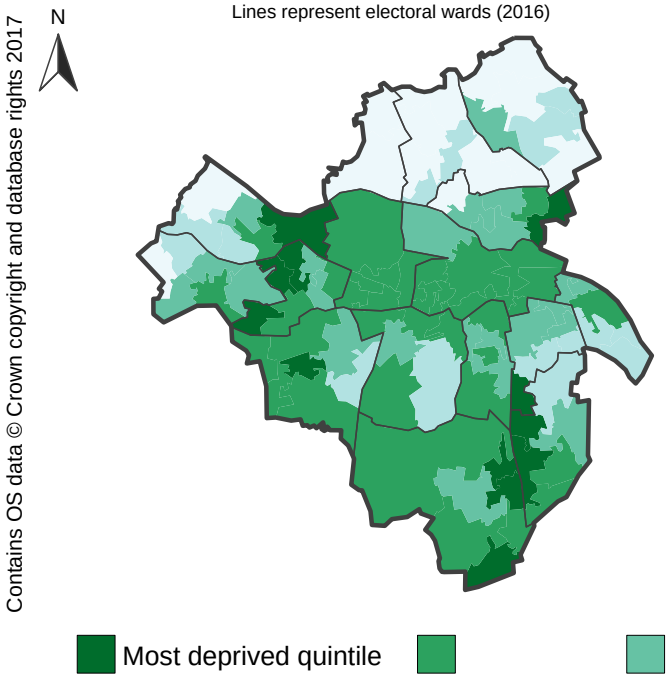
The age profile and table present demographic information for the residents of the area and England. They include a 2014-based population projection (to 2020), the percentage of people from an ethnic minority group (Annual Population Survey, October 2014 to September 2015) and the dependency ratio.

The dependency ratio estimates the number of dependants in an area by comparing the number of people considered less likely to be working (children aged under 16 and those of state pension age or above) with the working age population. A high ratio suggests the area might want to commission a greater level of services for older or younger people than those areas with a low ratio.

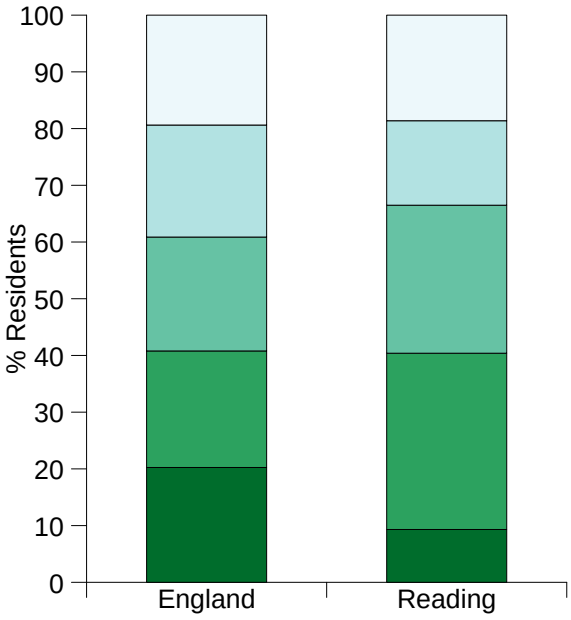
Reading 2015 (Male)
Reading 2015 (Female)
England 2015
Reading 2020 estimate

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



This chart shows the percentage of the population who live in areas at each level of deprivation.

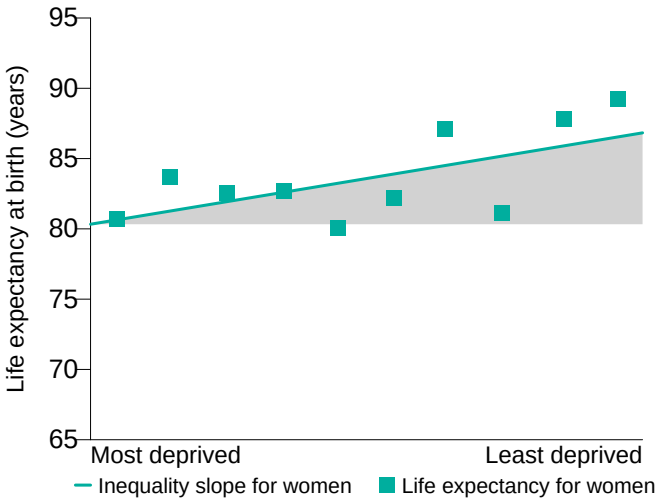


Life expectancy: inequalities in this local authority

The charts show life expectancy for men and women in this local authority for 2013-15. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy the line would be horizontal.

Life expectancy gap for men: 7.8 years

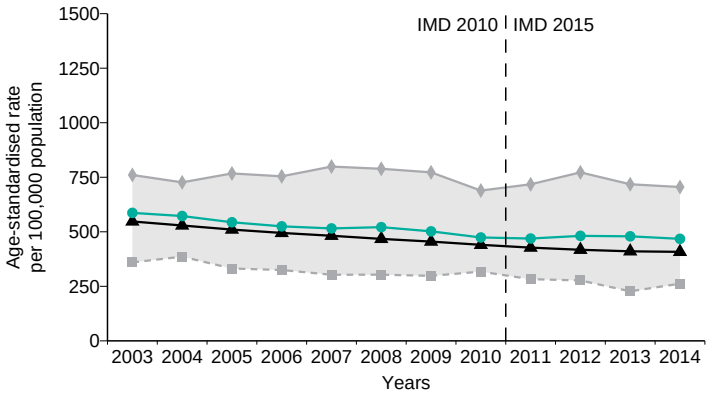
Life expectancy gap for women: 6.5 years



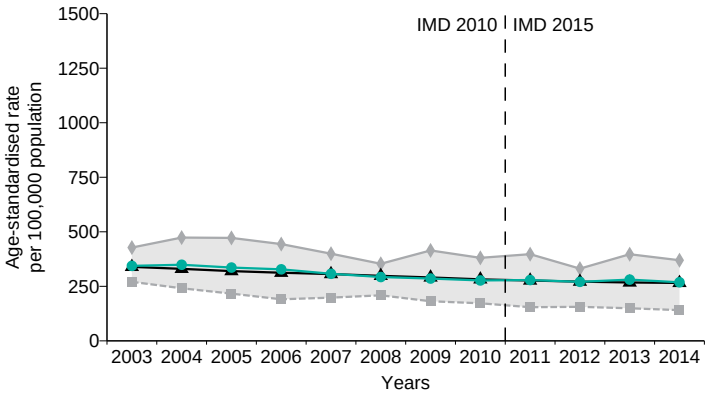
Health inequalities: changes over time

These charts provide a comparison of the changes in death rates in people under 75 (early deaths) between this area and England. Early deaths from all causes also show the differences between the most and least deprived local quintile in this area. Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with time period of the data. This provides a more accurate way of discriminating changes between similarly deprived areas over time.

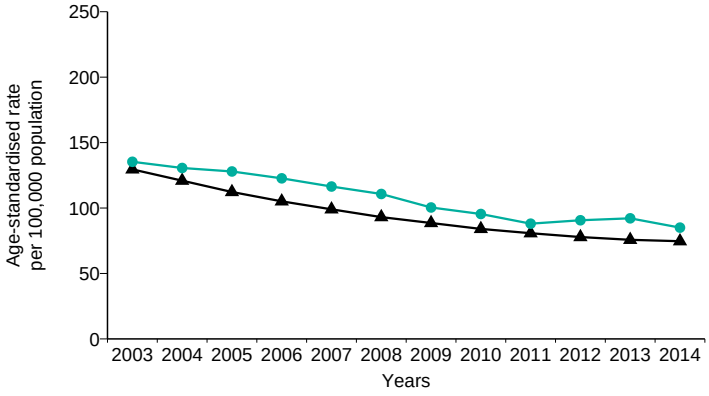
Early deaths from all causes: men



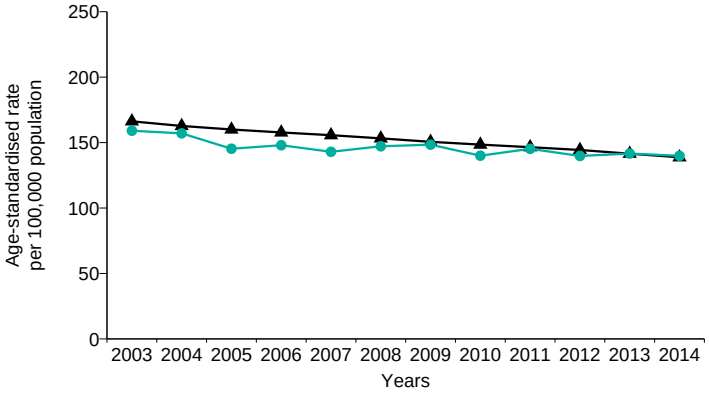
Early deaths from all causes: women



Early deaths from heart disease and stroke



Early deaths from cancer



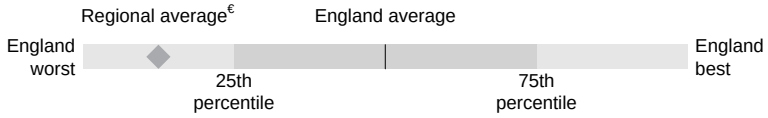
Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

England average | Local average | Local least deprived | Local most deprived | Local inequality

Health summary for Reading

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain		Indicator	Period	Local count	Local value	Eng value	Eng worst	England range	Eng best
Our communities	1	Deprivation score (IMD 2015)	2015	n/a	19.3	21.8	42.0		5.0
	2	Children in low income families (under 16s)	2014	5,800	18.7	20.1	39.2		6.6
	3	Statutory homelessness	2015/16	51	0.8	0.9			
	4	GCSEs achieved	2015/16	767	52.1	57.8	44.8		78.7
	5	Violent crime (violence offences)	2015/16	3,353	20.9	17.2	36.7		4.5
	6	Long term unemployment	2016	308	2.8 ^20	3.7 ^20	13.8		0.4
Children's and young people's health	7	Smoking status at time of delivery	2015/16	206	8.0	10.6 $1	26.0		1.8
	8	Breastfeeding initiation	2014/15	2,321	79.0	74.3	47.2		92.9
	9	Obese children (Year 6)	2015/16	360	22.0	19.8	28.5		9.4
	10	Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	21	19.6	37.4	121.3		10.5
	11	Under 18 conceptions	2015	55	22.2	20.8	43.8		5.4
Adults' health and lifestyle	12	Smoking prevalence in adults	2016	n/a	15.8	15.5	25.7		4.9
	13	Percentage of physically active adults	2015	n/a	59.3	57.0	44.8		69.8
	14	Excess weight in adults	2013 - 15	n/a	63.4	64.8	76.2		46.5
Disease and poor health	15	Cancer diagnosed at early stage	2015	235	51.6	52.4	39.0		63.1
	16	Hospital stays for self-harm†	2015/16	382	223.2	196.5	635.3		55.7
	17	Hospital stays for alcohol-related harm†	2015/16	831	599.0	647	1,163		374
	18	Recorded diabetes	2014/15	8,568	4.7	6.4	9.2		3.3
	19	Incidence of TB	2013 - 15	167	34.7	12.0	85.6		0.0
	20	New sexually transmitted infections (STI)	2016	1,051	949.0	795	3,288		223
	21	Hip fractures in people aged 65 and over†	2015/16	94	456.9	589	820		312
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2013 - 15	n/a	78.7	79.5	74.3		83.4
	23	Life expectancy at birth (Female)	2013 - 15	n/a	83.2	83.1	79.4		86.7
	24	Infant mortality	2013 - 15	28	3.6	3.9	8.2		0.8
	25	Killed and seriously injured on roads	2013 - 15	130	26.9	38.5	103.7		10.4
	26	Suicide rate	2013 - 15	44	11.0	10.1	17.4		5.6
	27	Smoking related deaths	2013 - 15	525	280.9	283.5			
	28	Under 75 mortality rate: cardiovascular	2013 - 15	244	85.0	74.6	137.6		43.1
	29	Under 75 mortality rate: cancer	2013 - 15	404	139.9	138.8	194.8		98.6
	30	Excess winter deaths	Aug 2012 - Jul 2015	258	25.7	19.6	36.0		6.9

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 **2** % children (under 16) in low income families **3** Eligible homeless people not in priority need, crude rate per 1,000 households **4** 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority **5** Recorded violence against the person crimes, crude rate per 1,000 population **6** Crude rate per 1,000 population aged 16-64 **7** % of women who smoke at time of delivery **8** % of all mothers who breastfeed their babies in the first 48hrs after delivery **9** % school children in Year 6 (age 10-11) **10** Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population **11** Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) **12** Current smokers (aged 18 and over), Annual Population Survey **13** % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey **14** % adults (aged 16 and over) classified as overweight or obese, Active People Survey **15** Experimental statistics - % of cancers diagnosed at stage 1 or 2 **16** Directly age sex standardised rate per 100,000 population **17** Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population **18** % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes **19** Crude rate per 100,000 population **20** All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 **21** Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over **22, 23** The average number of years a person would expect to live based on contemporary mortality rates **24** Rate of deaths in infants aged under 1 year per 1,000 live births **25** Rate per 100,000 population **26** Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) **27** Directly age standardised rate per 100,000 population aged 35 and over **28** Directly age standardised rate per 100,000 population aged under 75 **29** Directly age standardised rate per 100,000 population aged under 75 **30** Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.
^20 Value based on an average of monthly counts $1 There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk